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VOLUNTEER HOSPITAL NURSING.

BY

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THE question of hospital nursing is one which has received, during the last ten years, considerable attention, and which excites interest among people not immediately connected with hospital administration.

It may be noticed, in the first place, that in the discussion of the question, no doubt has been raised as to the value of good nursing. Thanks to Miss Nightingale, most people have some notion of what nursing should be; every one wishes it to be good, and every one agrees that, to be so, it should be in the hands of trustworthy and intelligent women. Unanimity even goes a step beyond this; for those who are in a position to decide upon the merits of our present system, agree in saying that it wants reform. The point of divergence is reached when we ask for a plan upon which the reform shall be based. Hospital nursing, like most other employments, may be undertaken in either of two ways; that is, in what may be briefly described as the commercial way, where the work is chosen primarily for the sake of the income to be gained by doing it, or in the philanthropic or religious way, where the work is done gratuitously. The words "commercial" and "religious" must be understood as referring only to the motive for the choice of an employment, not necessarily to the spirit in which it is done. Commercial work may be done religiously, or religious work commercially.

The commercial method is that which has till quite recently prevailed in all our hospitals. The main point at issue between those who discuss the question of hospital reform is whether it shall be continued, or whether it shall give place to the religious or volunteer method.

It will clear the ground for the consideration of this question, to state briefly the distinctive features of the present system and its rival.

In the majority of English civil hospitals the nursing department is under the control of the matron. Choosing the nurses, and overlooking them, form two of her most important duties.

The nursing staff consists of two classes: the head nurses and the under nurses. The former are in some hospitals called sisters, to distinguish them from the under nurses. These are again divided into night and day nurses. The head nurses are responsible for from thirty to fifty patients; they give medicines, attend to the surgical dressings, receive the medical directions for each patient, keep order in the wards, serve out the dinners, and see that the actual attendance upon the patients is given by the under nurses. As a rule they are skilful, experienced, kindly people, very well suited to their work. They usually belong to the lower section of the middle class, are the widows of small tradesmen or clerks, or less frequently they have been confidential domestic servants. Their salary varies from 20*l.* to 50*l.* a year, with board and residence.

The under nurses wait upon the patients, assist the sister in her duties, and in many cases clean the wards. One nurse is found to be enough for fourteen or fifteen patients, so that every head nurse has two or three under nurses beneath her. The latter are, as a rule, vastly inferior to the head nurses both in intelligence and character. They are commonly below the class of second or even third rate domestic servants; if they were not nurses, one would expect them to be maids-of-all-work, scrubs, or charwomen. They receive about 10*l.* or 12*l.* a year, with partial board, or board wages. From them again there is an apparent descent to the night nurses. I believe it is apparent only, and that actually they are much on a level, the night nurses seeming worse only because more is required of them, and because they are left for several hours entirely without

supervision. When they do not live in the hospital, they eke out their scanty incomes by working the greater part of the day, and consequently they come to the hospital hoping to be able to sleep the greater part of the night. On the whole, ordinary hospital nursing may be described as a mixture of good, indifferent, and bad—the head nurses being often very good, the under nurses fairly good when under supervision, and bad when left without it.

In contrast to this, the volunteer method puts the nursing department into the hands of ladies who, having elected to do the work, are interested in doing it well. The main difference is, that the control no longer rests with the matron, and that at least the higher part of the nursing is done gratuitously. The head nurses are replaced by ladies to whom the under nurses are directly responsible. At King's College and University College Hospitals in London, where this method has been introduced, there is but one opinion as to the immense improvement in the nursing since the change was effected. The *Lancet* has recently given emphatic testimony on the same point. Referring to the volunteer help given during the cholera epidemic, it says, "The nursing by ladies is the very best nursing that England has yet seen;" and it prophesies that we cannot long refuse to adopt a system "which embodies intelligence, the keenest sympathy, refinement," and, it might have added, "economy." In fact, the advantages to the patients and to the hospitals are so great and so obvious, that it is astonishing to find any one blind to them. It is *all* gain to them to get in the place of paid servants, ladies who are willing to do the work for nothing in a peculiarly admirable manner. But admitting the superiority of ladies as nurses, it is still possible to question the wisdom of asking them to take up nursing as a profession. No amount of medical testimony in favour of their fitness for the work is of much avail when we are asking, "Is the work fit for *them*?" The *Lancet* says it is, apparently on the ground that the volunteer cholera nurses, in spite of very hard work, continued in excellent health. And in truth the "health and strength" argument, as it may be called, is entirely with those who advocate nursing by volunteers. There is very little room for doubt that most ladies would find the work of hospital nursing positively invigorating. Constant exercise in large and airy wards, employment of the kind

which prevents morbid introspection or continuous mental exertion, absence of anxiety, regular and early hours, simple diet, and a life at least much less dull than that of most single women, combine to form a sum of conditions under which the health of most ladies would rapidly improve. The volunteer nurses in the cholera hospitals were by no means above the average standard of health, and among them there was but one opinion as to the hygienic effect of the work. One lady who had suffered daily from neuralgia for seven years, lost it entirely from the day she came to the hospital; several agreed in saying they took more food in a day than they had before taken in a week, and in all there was the unmistakeable look of healthy vigour. But the argument drawn from these facts has less weight when we reflect upon the beneficial influence of any regular work done with spirit and interest. It tells strongly in favour of doing something, but it does not decide what it is best to do. The question remains, "Is it for the advantage of the whole community that hospital nursing should be accepted as an unpaid profession by women of the educated classes?" To answer this, it is necessary to consider the subject of unpaid *versus* paid labour somewhat broadly, not merely with reference to the special point at issue.

It will probably be conceded that wherever the circumstances of society and of the individual permit a choice of work, there are two points to be considered; namely, the appropriateness of the individual for any special work, and of that particular work for him. A small amount of thought shows us that these two points require consideration in a kind of inverse proportion. The quality which our American friends have named "faculty" fits its possessor to acquire skill in doing almost anything he attempts to do, but the power of doing small things well ought not to be used as a fetter to bind him perpetually to the doing of them. The same is true of women. A lady who, with very little training, does hospital nursing in a first-rate way, is, *à priori*, likely to be able to do much more difficult things; and the question is whether it is desirable, for the sake of saving money to the hospital, to limit her permanently to work of so subordinate a character? What we want to know is, if hospital nursing can *only* be done well by gentlewomen,—if the qualities which fit them for many employments pledge them, as it were, to

this? For it must be remembered that, in virtue of their position and their advantages, cultivated women are bound to discriminate in the choice of work. As education multiplies power, the moral obligation of making a choice is also increased. If the highest work is to be done at all, those capable of doing it must be content to leave the easier work to others, to recognise that they are bound not to do it, but to leave it undone for the sake of those to whom it is the highest possible. True social economy demands not only that every one should do something, but that every one should do his *best*. The advantage of getting moderately easy work exceptionally well done for nothing is apparent only if those who do it are prevented from doing other equally useful work for which those whom they displace are entirely unfit. It is generally admitted now, that in a well-ordered household the mistress ought not to do the domestic work herself, if she can afford to keep servants; although in virtue of her superior refinement she is peculiarly capable of doing it well. For experience has shown that when she gives up her time to petty domestic businesses the higher duties of her position get neglected; so that as there are appropriate people glad to do her cooking and dusting as a means of getting their living, her duty is to see that *they do* them, and to reserve herself for work which they cannot do. I would suggest that what is true of domestic management is true also of hospital nursing. Admirably as ladies can nurse, the actual work of nursing is not much more appropriate to them than that of cooking or dusting in their own homes. It is not true that hospital nursing cannot be well done by women of inferior rank and culture, and therefore it cannot be entirely desirable that those of a higher class should spend their time in doing it.

The difficulties in the way of good hospital nursing would, I believe, be completely removed, by the introduction of two reforms into the old commercial system. In the first place the scale of wages should be uniformly raised to the present maximum rate. In the official report on hospitals made to the Privy Council in 1863 by Dr. Bristowe and Mr. Holmes, much of the improvement observed in the nursing at St. Thomas's Hospital is attributed to the higher salaries given to the nurses since the Nightingale training institution was associated with the hospital. The reporters state that while

the old rate of wages was, for the head nurses £40 to £50 a year without board, and for the under nurses 10s. to 13s. per week, without board, the present rate is £50 and £21 respectively, *with board*, and that this higher scale has been sufficient to gain for the hospital the services of a very superior class of women. Respectably clever women will not take the post of under nurse at the present minimum rate of hospital pay, and of course where the salaries are so low that none but intemperate charwomen will think of taking them, the nursing is as bad as intemperate charwomen can make it. The wages should be sufficient to attract respectable women of the rank of good domestic servants, that is, they should be somewhat above that which the people who are wanted could get in service, as an under nurse's life is necessarily less comfortable than that of most domestic servants.

In the second place I would suggest that the supervision, now confined to the day, should be extended to the night. Nursing requires more thought and attention than the routine work of domestic servants; and, therefore, even fairly good under nurses should have over them one who would give them even more than the supervision which a careful mistress gives to her servants.

It is not easy to see why the superior work of supervision should be done by unpaid labourers. It is the kind of work which many women, who have to support themselves, could do exceedingly well; and the keen demand for remunerated work, among women of the educated class, makes it desirable to open as many such situations as possible.

The amount of employment thus opened would not be great, as probably not more than 200 such situations could be offered to women if all the hospitals in the United Kingdom agreed to use the services of paid lady superintendents. Excluding workhouse infirmaries, there are only about 100 hospitals (having more than fifty beds) in England, Scotland, and Ireland. Two or three of these in the rural districts are too small to require more supervision than the matron ought to be able to give, and this is the case also with a few of the special hospitals in London. On the other hand, several of the large metropolitan hospitals could perhaps employ three ladies, so that the rough calculation of two for each hospital containing more than fifty beds, will not be far from accurate.

It may be said that the objections here expressed to ladies doing the work of the head nurses does not apply to those who, though very much in need of employment, are not likely to do anything higher than nursing. It sounds very plausible to say, "Here are a number of unemployed women, pining for work, not in need of payment, glad indeed to do the work of a head nurse for nothing, and not at all likely to enter into any more difficult work. Surely they may offer to give their time to the service of the sick poor?"

I admit that to say No, sounds somewhat hard, but the hardship is removed by the simple expedient of their taking the salary which should rightly go with the work. It is not fair to the women to whom work is bread, for those to whom it is luxury, to come into the market and cheapen its price by giving what the others have to sell. The notion that there are crowds of women eager to do hard work for nothing, very much increases the difficulty of those who have to live by their work. It would be far better that it should be accepted as a point of honour among women, as it is among professional men, to take without question the salary or fee which belongs to any post or work even when the recipient is not without some private income. The difficulty of spending the extra money need never be great or permanent, or the salary could be returned indirectly to the hospital.

But it may farther be asked, Why have not ladies the right to give their services when the hospital physicians and surgeons give theirs?

The answer to this is, that the cases are in no degree parallel. True, the medical staff usually receive no payment for their services, and even where a medical school is connected with the hospital, the fees received by its teachers are too small to be of any moment. But, on the other hand, the immense advantage of hospital practice far more than repays any one enjoying it, for the time and labour it costs; the amount expended being indeed very much less than it would be in the case of a lady who made the wards her home.

Perhaps the only class of volunteer nurses to whom the objections now raised do not apply, are those to whose exertions we owe the recent renewal of the discussion; those namely who come forward to give extra help in times of emergency. But there is no reason,

because the ordinary staff of nurses are paid, why in times of sudden and unusual difficulty extra volunteer help should not be both offered and accepted. To help heartily for a month or two is very different from taking the routine work as an unpaid profession. In fact it may fairly be doubted if the whole benefit of the help in the cholera wards would have remained, had volunteer nurses been quite *en règle* in the hospitals. Their presence was *then* all the more valuable because no one could take it quite as a matter of course; half the good they did (and it would be difficult to say *how* much this was) in cheering and encouraging every one, was due to the fact that neither the patients, the medical officers, nor the regular nurses were accustomed to their presence; the stimulus was felt the more from its being a novelty.

Briefly recapitulating, in conclusion, the opinions now expressed, it is contended:—

1. That hospital nursing can be very well done by women of the lower middle class.

2. That the payment necessary to secure the services of appropriate people need not exceed 50*l.* a year for the head nurses, 21*l.* a year for the under nurses, with board and residence.

3. That each head nurse thus paid could, if the size and arrangement of the wards permitted it, attend to not less than fifty patients, and every under nurse, in ordinary circumstances, to fourteen or fifteen.

4. That the influence of a lady superintendent over the nurses would be exceedingly good, as combining the principal advantage of the volunteer method with the advantages of the present system.

5. That the office of lady superintendent is one which should be held by a trained and qualified person, and that a salary should be given which a lady of the educated class would be glad to take; for instance not less than 150*l.* with board and rooms.

6. That the employment which a general adoption of this plan would open to educated women is too limited to justify its advocates in thinking of nursing as a profession for ladies, in the sense in which the word profession is commonly used. Two hundred such situations represent the maximum number ever likely to be offered, and the probable number would be very much below this.